

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

12699049

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	1						51								
2		1					52								
3		1					53								
4		1					54								
5		3					55								
6		3					56								
7		3					57								
8		1					58								
9		1					59								
10		1					60								
11		1					61								
12		1					62								
13		1					63								
14		1					64								
15	1						65								
16	1						66								
17	1						67								
18	1						68								
19		1					69								
20	1						70								
21	1						71								
22							72								
23							73								
24							74								
25							75								
26							76								
27							77								
28							78								
29							79								
30							80								
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36							86								
37							87								
38							88								
39							89								
40							90								
41							91								
42							92								
43							93								
44							94								
45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND.	7						TOTAL IND.								
TOTAL DEP.	20						TOTAL DEP.								
TOTAL CLAIMS	27						TOTAL CLAIMS								